

**Florida State University Purchasing Card Program  
Proxy Termination/ Transfer Form**

(Submit to Associate Purchasing Card Administration)  
(FSU Purchasing Department, 1400A University Center, Tallahassee, FL  
32306-2370 (850) 644-6850)

Date: \_\_\_\_\_

Coder / Reviewer Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Please specify reason for participant deactivation:

\_\_\_\_\_ Proxy employment terminated

\_\_\_\_\_ Proxy transferred employment within FSU

\_\_\_\_\_ Proxy participation no longer is required by department (i.e. person on leave is returning, add'l backup, etc.)

\_\_\_\_\_ Proxy no longer wishes to participate

\_\_\_\_\_ Continual misuse of the card has occurred

\_\_\_\_\_ Department can no longer provide a complete P-card Support System

This form verifies that \_\_\_\_\_ will no longer  
(Type or Clearly Print Name)

participate in the Purchasing Card Program as a Proxy for the Department listed above. By submitting this request, the FSU Purchasing Card Administration will remove this participant from all P-card responsibilities for your department.

\_\_\_\_\_  
Immediate Supervisor, Dean, Director or Department Chair Signature

\_\_\_\_\_  
Date